

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/518678**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		12				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		12				
13		21				
14	1					
15	1					
16		21				
17		12				
18		21				
19		1				
20		1				
21		1				
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23		1				
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	20					
TOTAL CLAIMS	24					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS